



**ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604**

AID-LI-I48 AGENT APPOINTMENT

Name of Insurance Company: _____

Company NAIC Number: _____

Company Mailing Address: _____
P.O. Box or Street City State Zip

Agent's Social Security Number: _____

Agent's Name: _____
Last First Middle

Agent's Address: _____
P.O. Box or Street City State Zip

Appointed for Lines of Authority: _____

To the Insurance Commissioner, State of Arkansas: This is to verify that the person hereby named, after investigation covering both character and fitness, has been duly appointed agent. We further recommend such agent as competent and trustworthy.

Dated _____

Authorized Company Representative

Typed or Printed Name

I, the undersigned, Insurance Commissioner for the State of Arkansas, do certify that the insurer has submitted to me satisfactory evidence that it has complied with all the requirements of the laws of the State of Arkansas governing such companies, and I further certify that the agent has the authority to take risks and transact the business for and in behalf of said company so far as he may be legally empowered.

Dated at Little Rock, Arkansas _____

Insurance Commissioner

**THIS APPOINTMENT MUST BE RETURNED TO THE ARKANSAS INSURANCE
DEPARTMENT IN THE EVENT OF TERMINATION OR CANCELLATION.**